

A I D S TREATMENT N E W S

**Issue Number
400**

April 30, 2004

Published 12 times a year by
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AIDS Treatment News
1233 Locust St., 5th floor
Philadelphia, PA 19107
800-525-5757

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AIDS Treatment News

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Statement of Purpose:

AIDS Treatment News reports on experimental and standard treatments, especially those available now. We interview physicians, scientists, other health professionals, and persons with AIDS or HIV; we also collect information from meetings and conferences, medical journals, and computer databases. Long-term survivors have usually tried many different treatments, and found combinations that work for them. *AIDS Treatment News* does not recommend particular therapies, but seeks to increase the options available.

Subscription Information: Call 800-TREAT-1-2

Business/Commercial: \$325/year.

Nonprofit community organizations: \$150/year.

Individuals: \$140/year, or \$80 for six months.

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To protect your privacy, we mail first class without mentioning AIDS on the envelope, and we keep our subscriber list confidential.

Here are three HIV-related Web sites and one printed document that you can use to check for some of the interactions between HIV drugs and other drugs you are using at the same time. Some of them also have information on known interactions between AIDS-related drugs and some herbal treatments or foods.

Inexpensive Air Filter for Allergy Relief.....

We found a low-cost, efficient way to make homes more comfortable for many people, especially in hay-fever season.

TMC125: Important One-Year Trial Now Recruiting in U.S.

by John S. James

A promising new drug is now beginning a clinical trial that will recruit 150 volunteers at up to 50 U.S. medical centers.

TMC125 (etravirine) is an NNRTI (in the same class as Sustiva [efavirenz] and Viramune [nevirapine]) but is much less susceptible to viral resistance than any approved NNRTI. And it is active against viruses that are already resistant to efavirenz and nevirapine. In 7-day human trials, TMC125 alone reduced viral load as rapidly as a combination of five antiretrovirals (tested in a separate trial). (1, 2) If these early results hold up, TMC125 could be a major treatment component for those currently resistant to most or all available antiretrovirals, and might be an important first-line treatment as well. The new trial will determine whether TMC125 is safe and effective in long-term use.

Volunteers must have virus resistant to NNRTIs, according to a genotype test, and also need to have at least 3 protease-inhibitor mutations at screening for the

trial. They cannot have chronic hepatitis B or C with liver function tests more than 3 times normal. They must have been treated with an NNRTI for at least three months, and not have permanently discontinued an NNRTI due to a skin reaction. They must be age 18 or older. We do not know if they will need to be patients at a medical center that is conducting the trial, but we understand that the trial does not require this. For other eligibility criteria, see the clinical trials Web link below.

This study will give TMC125 in addition to antiretroviral treatment the volunteers are already taking. Volunteers will be randomly assigned to three groups: 400 mg twice per day, 800 mg twice per day, or a placebo. The trial will last for 48 weeks.

For more information, check the government clinical trials database at: <http://www.clinicaltrials.gov/ct/screen/SimpleSearch> and enter TMC125 into the search box. (Note: As we went to press on May 12, not all the sites were listed in that database yet.)

History

This drug was chemically designed by leading experts, mostly in Belgium, to reduce viral resistance -- partly by making a flexible molecule that can fit into the "active pocket" of HIV's reverse transcriptase enzyme in different ways, even when the shape of that pocket changes due to viral mutations that would defeat other drugs.(3,4) TMC125 was delayed because the company developing it, Tibotec, did not have the resources to complete development on its own. Tibotec was acquired by Johnson & Johnson, which provided funding for the current trial.

Two 7-day trials have been published or presented at a conference.(1,5) In addition, a similar dose-finding trial (TMC125-C203) has been running in Europe and Canada for about one year, but no results are available at this time. This

trial is now enrolling patients at higher doses, 800 or 1200 mg.

We do not know why volunteers need three protease-inhibitor mutations for the U.S. trial -- a requirement that will exclude some "salvage" patients, apparently unnecessarily.

If TMC125 is successful it could lead to more use of this kind of rational design, and better treatments for HIV and for other diseases as well.

References

(1) Gruzdev B, Rskhmanova A, Doubovskaya E, and others. A randomized, double-blind, placebo-controlled trial of TMC125 as 7-day monotherapy in antiretroviral naive, HIV-1 infected subjects. *AIDS*. November 21, 2003; volume 17, number 17, pages 2487-2494.

(2) Sankatsing SU, Weverling GJ, Peeters M and others. TMC125 exerts similar initial antiviral potency as a five-drug, triple class antiretroviral regimen. *AIDS*. December 5, 2003; volume 17, number 18, pages 2623-2627 (first presented at 9th Conference on Retroviruses and Opportunistic Infections, February 2002).

(3) Das K, Clark AD Jr, Lewi PJ, and others. Roles of conformational and positional adaptability in structure-based design of TMC125-R165335 (etravirine) and related non-nucleoside reverse transcriptase inhibitors that are highly potent and effective against wild type and drug-resistant HIV variants. *Journal of Medicinal Chemistry*. May 6, 2004; volume 47, number 10, pages 2550-2560.

(4) Vingerhoets J, De Baere I, Azjin H, and others. Antiviral activity of TMC125 against a panel of site-directed mutants encompassing mutations observed in vitro and in vivo. 11th Conference on Retroviruses and Opportunistic Infections, San Francisco, February 2004 [abstract number 621].

(5) Gazzard B, Pozniak A, Arasteh K, and others. TMC125, a next-generation NNRTI, demonstrates high potency after 7 days therapy in treatment-experienced HIV-1-infected individuals with phenotypic NNRTI resistance. 9th Conference on Retroviruses and Opportunistic Infections, February 2002,

Seattle [abstract number 4].

Note: More information about the drug, including posters presented at the XIIth International HIV Drug Resistance Workshop, June 2003, are available at:
http://www.tibotec-virco.com/web/template.asp?page_id=8

Gonorrhea: New Treatment Recommendations for Gay Men, MSM

On April 30 the U.S. Centers for Disease Control and Prevention published new U.S. gonorrhea treatment recommendations for men who have sex with men, because of increasing resistance to the drugs recommended until now. The currently recommended treatment is available in oral form, but not in the U.S. at this time, so an injection is usually required for now. From the CDC press release:

"The new CDC-recommended treatment options for MSM with gonorrhea include the injectable antibiotics ceftriaxone, 125-mg IM (for anorectal, pharyngeal, and urogenital cases) and spectinomycin, 2-g IM (for anorectal and urogenital cases only). The antibiotic cefixime is also an option, but is only available in liquid form in the United States."

The previously recommended fluoroquinolones (ciprofloxacin, ofloxacin, or levofloxacin) can still be used in certain cases, provided that a culture is run, or a test for cure, and the patient returns for followup, and re-treatment with a different drug if necessary.

Similar guidelines apply for heterosexuals who acquire gonorrhea in certain states or countries with high prevalence of antibiotic resistance. Nationally in the U.S., the rate of fluoroquinolone-resistant gonorrhea is currently about 5% in men who have sex with men -- about 12 times higher than

among heterosexual men. Resistance in 5% of patients is a level at which antibiotic treatment recommendations are often changed.

The new recommendation does not specifically discuss HIV, but gonorrhea is spread by high-risk sexual practices that also spread HIV.

For updated CDC information, see:
<http://www.cdc.gov/std/gisp/>

May 20 "Time's Up!" AIDS Protest in Washington D.C.

by John S. James

About 20 leading AIDS organizations are sponsoring a march and rally in Washington D.C. on Thursday, May 20, 2004 -- telling presidential candidates Bush and Kerry that time is up, as every 11 seconds someone dies of AIDS. The march will stop at the Democratic and Republican National Headquarters, and will end on the steps of the Capitol. Sponsors include Housing Works, the National Association of People With AIDS, Project Inform, AIDS Survival Project, ACT UP Philadelphia, ACT UP New York, Health GAP, and AIDS Treatment Activist Coalition [ATAC].

AIDS is now the leading single cause of death for people worldwide from age 15 to 59. Of six million people in poor countries who need antiretroviral treatment now, only 400,000 are receiving it. For recent information on the epidemic, see:
<http://www.who.int/whr/2004/download/en/>

The rally will begin at 11 a.m. at Folger Park (3rd and D streets SE, near Capitol South Metro) and move to the headquarters of the political parties, then to the Capitol steps.

For more information on the march and rally contact Michael Kink at Housing Works, kink@housingworks.org or 518-449-4207.

In addition, the rally will include a

nonviolent civil disobedience action. For more information on the civil disobedience, contact Paul Davis, pdavis@healthgap.org or 215-833-4102.

Donations Needed

This march urgently needs money to rent more buses to bring people who want to come. *AIDS Treatment News* asked Michael Kink how readers could help:

"Email Ryan Clary, rclary@projectinform.org and let him know if you are able to sponsor a bus at \$1,200 or whatever contribution you are able to make.

"Housing Works will serve as a fiscal conduit for donations, which will be processed by their management services organization. They will accept checks, cash, money orders or credit cards -- but will not accept pledges. Checks and money orders should be made out to Housing Works, Inc., with a note indicating "May 20 Fund" and mailed to 320 W. 13th Street, 4th Floor, New York, NY 10014. Credit card donations can be accepted directly on the Housing Works site: <http://www.housingworks.org> Please send a confirmation email to kink@housingworks.org noting that your contribution is for the May 20 Fund."

How to Network Action Alerts, So That Others Can Help

by John S. James

Political action alerts are becoming a matter of life and death in the U.S., as governments here move toward letting their own citizens die rather than finding the money and political will to provide access to standard-of-care medical treatment. And globally, when AIDS now kills more people age 15 to 59 than any other cause, political will in the U.S. and other countries is more critical than ever

to saving millions of lives over the next few years from AIDS, tuberculosis, malaria, and other preventable or treatable conditions. So how well we organize politically is critical. Telling your elected representatives what you want is as important as voting -- and usually occurs in response to some form of action alert from an organization or individual you trust.

AIDS Treatment News receives many action alerts we want to tell our readers about but cannot, because the alert is a long email or attached file that has not been placed on the Web. Usually we cannot publish long alerts -- and neither can thousands of other publications, or hundreds of thousands of "blogs" (Web logs). The problem is not only lack of space but also the information overload on our readers. We and other publishers are far more likely to publish short alerts, perhaps a paragraph or two that we can rewrite as necessary for our audience. But these must link to a Web page with the necessary background, details, and endorsements. (The email alert can be any length, and can still contain all the information -- as long as it's clear to editors how to extract a short, focused version with a link to the background information on the Web.)

Using Blogs

Organizations usually fail to put alerts on the Web, because in the past that meant coordinating with their technical staff to get the text online, and to make any changes needed later. Often in an emergency (such as a vote in Congress in a day or two) there isn't time. But today there is an easy way that does not need a technician's help. Anybody can start a free "blog" (Web log) in a few minutes, on sites like <http://www.blogger.com> -- and put the

full alert online themselves. A blog is a Web site designed to be very easy to update, so that people can casually write their stories for the world; they just cut and paste text from their favorite word processor into a Web form provided. Of course it is a good idea to practice first, before an emergency arises.

Always send the alert to your regular email lists as well -- since just putting in onto an unknown blog will usually not get any readers. The advantage of the blog is that other publishers can now pick up your alert and re-write it as needed for their readers, focusing on the key issues important to them. (You may want to include much or all of the full text in the email, after a short, focused summary, for those who read their email offline. Other editors can use your summary to echo your work farther than it could go otherwise.)

A blog also has the major advantage or disadvantage of potentially being very public; a Web site recognized as a blog can easily be found by other bloggers, and might come to widespread attention. An issue like AIDS advocacy has many more friends than enemies, so this helps; a well-designed alert could travel through social networks and reach supporters its author never knew. The blog as well as the email should include the short summary at the beginning, for those readers who arrive through the blog world and have never seen the email; in fact, the blog and email texts may be identical. Also include a contact such as your organization's Web site, or a special email address or reply form (do not put your regular email address on the Web, because of spam).

Use blogs for issues that have wide appeal, when you can talk to everybody, not only to an in-group. And do not use a blog if you don't want opponents to see the action alert. But in AIDS, where we are usually fighting apathy and neglect, a public alert on the Web can be helpful. A blog is a useful way to put the alert there, because it allows people with no special training to publish on the Web, and change

the information immediately if necessary without waiting for expert help.

The future will move toward networked action alerts, where friends and allies you never knew existed can step forward to help -- instead of alerts sent mainly to fixed lists you possess, as in pre-Internet days when the mailing list largely defined an organization. Success will still require social organizing -- for example, talking early with key people and getting their buy-in, listing important endorsements with the alert, and eventually promoting your work in the "blogosphere." That is beyond the scope of this article, which looks at basic technical requirements for making shared, networked alerts possible.

Technical Note: Web Addresses in Email

Web addresses sent in an email should preferably be on a line by themselves. If not, at least make sure that they do not end with a period or other punctuation mark, which will erroneously be included with the link by some but not all email software and Web browsers. In that case the link will not work.

If you receive an email with a link that fails (you get a "not found" or similar error message), check the address your browser is trying to reach. If it ends with a period because the Web address was at the end of a sentence in the email, delete the period and press the Return key to try the address again. Most of the time you can get to the information this way. But if you are sending the email, do not assume that your recipients know this trick.

Note: Unique Mementos to Encourage Action

We are researching an article on getting people to respond to major action alerts by offering a unique memento, such as a pin or button to wear, or a numbered copy of a drawing or signed proclamation that could be framed. It would be designed to be saved permanently, and worn or displayed when desired.

This creates an incentive to respond to the action alert on time, and tell the sponsoring organization that you did so, since otherwise you could never get the memento for that alert, the badge of membership in that particular club. We think this time-limited "keeper" that connects with a community over time could swing the balance in getting people to respond to an alert, instead of not getting around to it.

We would like to hear about examples of this strategy being used.

Online Glossaries of HIV/AIDS Terms

by Suzy Subways

As new communities and newly diagnosed individuals confront the often-confusing world of HIV treatment, an online glossary of HIV-related terms can be a great resource for self-education. It can also be a welcome refresher for the treatment-savvy. Here, a review of four good ones:

<http://www.sfaf.org/glossary/>

Updated in March 2004, the San Francisco AIDS Foundation's glossary includes a large number of both basic and fairly advanced HIV terms. It's easily searchable and user-friendly. Like the other three glossaries, it doesn't have terms like "disclosure," "serodiscordant" or "harm reduction" that could be very useful in helping the newly diagnosed get the most out of the HIV community and deal with emotional issues related to living with HIV. Still, some of that material can be

found elsewhere on AIDS organization websites -- and for a science-focused glossary, the language here is quite clear for people without a medical background.

http://aidsinfo.nih.gov/ed_resources/glossary

The federal government's AIDSInfo website includes fewer terms in its glossary than the others reviewed here, but its definitions are sophisticated, with detailed scientific information. The language is complex and could be hard for someone with limited literacy, but it's a firm ladder for reaching to grasp advanced concepts. The glossary is searchable but requires an extra mouse-click that could be time-consuming. Unlike the glossaries on SFAF and AEGIS, it does not have terms like "condom" and "safer sex" -- probably a reflection of the feds' recent prudishness. Last updated in September 2002, this glossary has a Spanish edition, and is also available in hard copy and PDF form.

<http://www.aegis.com/ni/topics/glossary/>

AEGIS.com's glossary, with more than 3,500 terms listed, ranks as the most comprehensive. Still, it does not include such treatment basics as individually listed drug names and some important side effects like lactic acidosis and lipodystrophy. The glossary doesn't have its own search function, but (as with the others reviewed here) users can view a list of entries beginning with each letter of the alphabet. This can be easier if exact spelling is unknown. Alternatively, viewers can use their browser's "Find" function to search for a term on that page. This glossary was last updated in 2003.

<http://www.gmhc.org/health/glossary2.html>

The glossary from Gay Men's Health Crisis, also updated in 2003, includes each antiretroviral listed by its generic name along with possible side effects. It has fewer terms than SFAF or AEGIS, but its definitions remain clear while entering more scientifically advanced territory. Like

the other three, it has some alternative-medicine info. It does not have "condom" or "safe sex" -- or other broad terms related to living with HIV -- but it seems well suited for those with basic HIV knowledge who want to become treatment experts. One user-friendly feature of this glossary: It capitalizes terms within each definition that are themselves defined elsewhere in the glossary.

Spanish HIV/AIDS Glossaries

For Spanish speakers, Amigos Contra el SIDA, AC (Mexico) offers two glossaries.

1. General HIV/AIDS terms:

<http://www.aids-sida.org/termin-indice.html>

2. Glossary of medications:

<http://www.aids-sida.org/medicam-indice.html>

Also note the English and Spanish glossary mentioned above, at:

http://aidsinfo.nih.gov/ed_resources/glossary

About the Author

Suzy Subways is a Philadelphia-based journalist and AIDS activist. She recently left New York City and POZ, a monthly national magazine for people living with HIV, where she edited the news and culture section. A new member of ACT UP/Philadelphia, she currently works as a freelance writer; this is her first article for AIDS Treatment News. Write her at subways@aidsnews.org

Checking Your Drug Interactions

Drug interactions require special precautions when prescription drugs are combined with certain other drugs, herbal treatments, or even some foods. This is why your doctor needs to know everything you are taking. Here are some Web sites, and a printed document, where you can check your HIV treatments for some of the most important drug interactions.

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Some interactions mean that the drugs cannot be used together at all. More often, however, the combination can still be used, but one or both of the doses needs to be adjusted (either up or down, depending on how the drugs interact).

Caution: These sources seem credible, but they may not include all the known interactions. And clearly there are unknown ones as well, since interactions continue to be discovered even for drugs already in wide use. So if a drug combination does not show up on one of these sources, that does not necessarily mean that no interactions exist.

<http://www.aidsmeds.com>
(AIDSmeds.com)

On the home page click the link 'CHECK MY MEDS' for drug/drug and drug/food interactions. This drug-interaction calculator lets you enter your regimen and then test it for restrictions and problems you should know about. When entering the drugs you can use either brand names (such as Videx), generic names (such as didanosine), or common names (ddI).

If you want, you can set up an account on the site and save your regimen there, to avoid having to re-enter all the drugs if you run tests again in the future.

This site is fairly easy to use, and gives plenty of information about food restrictions, drug/drug interactions, and food/drug interactions all in one place.

<http://hivinsite.ucsf.edu/>
(HIV InSite, University of California)

On the home, page click 'Medical'. Then click 'Drug Interactions Database' in the column on the left. Then you get three choices. You can pick an FDA-approved antiretroviral and see all the interactions with it that are in the database. Or you can pick any drug in the database and get all of its interactions with the antiretrovirals. Or you can pick any of about 20 drug classes and see their interactions with antiretrovirals.

<http://www.hiv>